



## Link CCR&R Professional Development Needs Assessment

\*With this form, you have the ability to help us choose the trainings we offer.

<b>Name:</b>		<b>County:</b>		<b>Date:</b>
<b>Phone:</b>	<b>Email:</b>	<b>Program Name:</b>		
Please circle the correct information:				
I am a:				
Family Child Care Provider    FCC Facility Owner    FCC Facility Employee    Center Director    Center Employee    Other: _____				

**Would you like to attend trainings that cover:**

<input type="checkbox"/> Typical and atypical growth and development of children	<input type="checkbox"/> Diversity within your classroom and community	<input type="checkbox"/> Working with families (engagement, relationships, and/or involvement)
<input type="checkbox"/> Child Abuse and Neglect	<input type="checkbox"/> Sensory information	<input type="checkbox"/> Social and Emotional Skills
<input type="checkbox"/> Communication (yours, children, family)	<input type="checkbox"/> Germ Prevention	<input type="checkbox"/> Safety and Supervision
<input type="checkbox"/> Safe Sleep	<input type="checkbox"/> Age-appropriate coping skills	<input type="checkbox"/> Implementing Curriculum
<input type="checkbox"/> Observation and Assessment	<input type="checkbox"/> Environmental Rating Scales: ITERS-R, ECERS, FCCERS	<input type="checkbox"/> Child Portfolios
<input type="checkbox"/> WV Early Learning Standard Framework (ELSFs)	<input type="checkbox"/> Environments (setting up and adapting to all needs)	<input type="checkbox"/> Developing program policies and procedures
<input type="checkbox"/> Developmentally Appropriate Practice	<input type="checkbox"/> Working with challenging behaviors	<input type="checkbox"/> Stress and Trauma
<input type="checkbox"/> Ethical and professional behavior	<input type="checkbox"/> Responsive and Individualized Care	<input type="checkbox"/> Other:

**I am most interested in training on:**

- Infants and toddlers     Preschool  
 School-Age                     Mixed Age Groups

**The best time for me to attend training is:**

- Weekday Mornings     Weekday Afternoons  
 Weekday Evenings     Saturday

\*DISCLAIMER: We will not distribute your email address or phone number. We will use it to contact you for additional information if needed. If you want your email address added to the newsletter listserv, please let us know (see next page).





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**I would like more information about: (please check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mind in the Making                 | <input type="checkbox"/> WV Elements of Family Child Care Series      | <input type="checkbox"/> Provider Association        |
| <input type="checkbox"/> ACDS                               | <input type="checkbox"/> West Virginia Infant Toddler Training (WVIT) | <input type="checkbox"/> WVIT II                     |
| <input type="checkbox"/> WVSTARS Career Pathway or Earnings | <input type="checkbox"/> WVSTARS Scholarship                          | <input type="checkbox"/> Core Competencies/Knowledge |
| <input type="checkbox"/> Applying for Tier II               | <input type="checkbox"/> Accreditation                                | <input type="checkbox"/> Other: _____                |

	Agree	No Preference	Disagree
I prefer trainings that involve small group activities.			
I prefer trainings with hand-on activities.			
I prefer to get materials and ideas I can use right away in my program.			
I prefer trainings that use videos.			
I prefer trainings in lecture format.			
Trainings are an opportunity to network with other child care professionals.			
I prefer to attend a series of trainings on a topic (module-based).			
I plan to attend trainings with other child care professionals I know.			
I prefer a trainer to come to my program for technical assistance.			

**Additional Comments or Suggestions:** \_\_\_\_\_

\_\_\_\_\_

- I would like to receive the Professional Development Schedule (Newsletter) and other valuable training opportunities by email.  
Please add my email to the listserv.

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